

LCD - Ophthalmic Angiography (Fluorescein and Indocyanine Green) (L34175)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

LCD Information

Document Information

LCD ID

L34175

LCD Title

Ophthalmic Angiography (Fluorescein and Indocyanine Green)

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 06/03/2021

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

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Notice Period End Date

N/A

Issue**Issue Description**

Limited coverage as outlined in coverage and indication section.

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a) (7) excludes routine physical examination unless otherwise covered by statute.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

Coverage Guidance**Coverage Indications, Limitations, and/or Medical Necessity****Abstract:**Fluorescein

Fluorescein angiography is used in the diagnosis and treatment of a wide range of ocular disorders. Its visible fluorescence on leaking from damaged vessels makes it particularly useful in the diagnosis of retinal vascular disorders and monitoring treatment of conditions amenable to laser photocoagulation.

The dye is injected intravenously and serial photographs are taken through the pupil. While morphological characteristics alone may be pathognomonic of certain disease states, the timing of appearance of the dye in the choroid, in the central retinal artery and in the filling (or otherwise) of the quadrants have diagnostic implications.

Indocyanine Green

Indocyanine green dye is injected intravenously into the patient to highlight the vessels in the retina and the deeper tissue layer of the choroid. Under infrared light, Indocyanine Green fluoresces allowing the choroidal vessels to be visualized through the retinal pigment epithelium or in the presence of retinal or vitreous hemorrhage that would otherwise obscure visualization. Indocyanine green angiography (ICG) is effective in the diagnosis and treatment of ill-defined choroidal neovascularization (e.g., associated with age related macular degeneration). It is also useful in the evaluation of feeder vessels, choroidal leakages in the late phase, and ruptures of the pigment epithelium.

Indications:

Fluorescein

Fluorescein angiography with interpretation is medically necessary as an adjunct to the diagnosis of chorioretinal vascular abnormalities especially relating to choroid neovascularization, noninfective vasculitis, and age related macular degeneration. It may also be appropriate in evaluating intraocular tumors, visual loss in systemic disease, acute exudative inflammations such as toxoplasmosis and optic disc edema. Medical necessity for such angiography would generally be in the context of a changing clinical picture. Fluorescein angiography may be useful in diabetic retinopathy in identifying ischemia and neovascularization, locating microaneurysms, and defining macular edema.

Fluorescein angiography following treatment, for example, of choroidal neovascularization (CNV) is necessary to monitor for recurrence or to detect additional treatable disease. Usually this is performed on the basis of a change in the clinical picture similar to the way it is employed prior to treatment. However, fluorescein angiography may be performed following treatment without clinical change in order to detect occult lesions. This will occur most often in CNV and very rarely in other diseases.

Indocyanine Green

Indocyanine green angiography (ICG) may be a valuable diagnostic adjunct to fluorescein angiography in the evaluation of the following conditions:

- Retinal neovascularization
- Choroid neovascularization
- Serous detachment of retinal pigment epithelium
- Hemorrhagic detachment of retinal pigment epithelium
- Retinal hemorrhage

Limitations:

Fluorescein

Studies performed for screening will be denied by Medicare as not medically necessary.

Fluorescein angiography must be performed under the direct supervision (physician present in the office and immediately available) of a physician when done by a non-physician practitioner.

If excluded by State law, optometrists may not be reimbursed for fluorescein angiography.

Fluorescein angiography of an asymptomatic contralateral eye without new abnormalities on ophthalmoscopic exam, in patients with unilateral Age related Macular Degeneration (AMD) or other disease, will be denied as not medically necessary. Evidence of medical necessity must be documented in the medical record for each eye.

Indocyanine Green

Indocyanine green angiography must be performed under the direct supervision (physician present in the office and immediately available) of a physician when done by a non-physician practitioner.

If excluded by State law, optometrists may not be reimbursed for ICG angiography.

Indocyanine green is formulated with iodine and should not be used on patients who are allergic to iodine.

ICG for the evaluation of patients with background diabetic retinopathy is not considered to be a medically necessary service.

ICG angiography of an asymptomatic contralateral eye without new abnormalities on ophthalmoscopic exam, in patients with unilateral AMD or other disease, will be denied as not medically necessary. Evidence of medical necessity must be documented in the medical record for each eye.

Studies performed for screening will be denied by Medicare as not medically necessary.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS Administrators, LLC. is not responsible for the continuing viability of Web site addresses listed below.

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
06/03/2021	R17	R17 Revision Effective: 06/02/2022 Revision Explanation: Annual Review, no changes were made At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none">Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
05/27/2021	R16	<p>R16</p> <p>Revision Effective: 5/27/2021</p> <p>Revision Explanation: Annual Review, no changes were made</p> <p><i>5/17/2021:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
10/31/2019	R15	<p>R15</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual Review, no changes made</p> <p><i>5/27/2020:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
10/31/2019	R14	<p>R14</p> <p>Revision Effective: 10/31/2019</p> <p>Revision Explanation: Removed the NCD information from the CMS Nation Policy section, other comments information from coverage and indications information, and the associated information section from the policy and placed in to the billing and coding article.</p> <p><i>10/24/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Revisions Due To Code Removal
09/19/2019	R13	<p>R13</p>	<ul style="list-style-type: none"> Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Revision Effective: 09/19/2019 Revision Explanation: Converted new policy template that no longer includes coding section based on CR 10901. No changes, approval only.</p> <p><i>09/20/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
09/19/2019	R12	<p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901. For Approval, no changes.</p> <p><i>09/13/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy</i></p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
09/19/2019	R11	<p>R11</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901. Also, retired A52395 - Ophthalmic Angiography (Fluorescein and Indocyanine Green) –Supplemental Instructions Article.</p> <p><i>09/12/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
06/06/2019	R10	<p>R10</p> <p>Revision Effective: 6-6-19</p> <p>Revision Explanation: Annual review, defined AMD.</p> <p>DATE (05/19/2019): At this time 21st Century Cures Act will apply to new and revised LCDs that</p>	<ul style="list-style-type: none"> • Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
10/01/2016	R9	<p>R9</p> <p>Revision Effective:N/A</p> <p>Revision Explanation: Annual review no changes made.</p> <p>DATE (05/31/2018): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>R8 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p>	
10/01/2016	R8	<p>R7 Revision Effective: 10/01/2016 Revision Explanation: The following codes were left off during the annual ICD-10 update for 99240 group 3 diagnosis. H35.3211 H35.3212 H35.3213 H35.3221 H35.3222 H35.3223 H35.3231 H35.3232 H35.3233</p>	<ul style="list-style-type: none"> • Typographical Error
10/01/2016	R7	<p>R7 Revision Effective: 10/01/2016 Revision Explanation: The following codes were deleted in the annual ICD-10 update E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, H34.811, H34.812, H34.813, H34.831, H34.832, H34.833, H35.31, H35.32. Replacement and new codes were added during annual ICD-10 update.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
10/01/2015	R6	R6 Revision Effective: N/A Revision Explanation: annual review no changes made	<ul style="list-style-type: none"> Other (annual review)
10/01/2015	R5	R5 Update to R4 Revision Effective: 10/01/2015 Revision Explanation: H47.10 was a typographical error and should have been the span H47.11-H47.13 and H47.141-H47.143 in group one. H47.10 will have a grace period until 03/14/2016 before being removed from the policy.	<ul style="list-style-type: none"> Typographical Error
10/01/2015	R4	R4 Revision Effective: 10/01/2015 Revision Explanation: H47.10 was a typographical error and should have been the span H47.11-H47.13 and added H47.141-H47.143 in group one.	<ul style="list-style-type: none"> Typographical Error
10/01/2015	R3	R3 Revision Effective: 10/01/2015 Revision Explanation: Added H59031-H59.033 for 92235 and corrected typo in group2 paragraph.	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R2	R2 Revision Effective: 10/01/2015 Revision Explanation: Removed groups 3 and 4 since the secondary codes are listed in the stand alone group 1 diagnosis list these lists were added in error. Added E10.65 and E11.65 to group one list.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	R1 Revision Effective: 10/01/2015 Revision Explanation: Accepted revenue code description changes.	<ul style="list-style-type: none"> Other (revenue code description)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A57069 - Billing and Coding: Ophthalmic Angiography \(Fluorescein and Indocyanine Green\)](#)

Related National Coverage Documents

N/A

Public Versions

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Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

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N/A